Development of a nurse practitioner fellowship for transition from novice to clinical expert role. After completion of the program NPs will have greater confidence and job satisfaction resulting in increased job retention.

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Purpose

The Institute of Medicine, State Boards of Nursing, in collaboration with accrediting bodies such as the Joint Commission and the Community Health Accreditation Program, recommend completion of a residency program after they have completed a prelicensure or advanced practice degree program, or when they are transitioning into new clinical practice areas.

Project Objective

A successful NP role transition developed clinical growth, retention, leadership skills, and ultimately an expert clinician.

Learner Objective 1:
Identify strategies utilized in a NP fellowship for alignment with best practices to improve role transition.

Learner Objective 2:
Identify three benefits of participating in a nurse practitioner fellowship after graduating from an accredited program.
Purpose of the Initiative

• The Institute of Medicine’s *The Future of Nursing* report recommends the extension of NP fellowship programs to highlight and assess competencies after completion of licensure or an advanced practice degree program (2011).

• The decision to stay in the new role can diminish within the first year of clinical practice if professional growth and confidence is not facilitated.

• The initiative evaluated NP satisfaction between NPs who had not completed a residency versus NPs who had utilizing online DNP discussion groups across the United States, Emory, and MD Anderson.

Background and Significance

• Constrained orientation programs and new NP graduates required to immediately function at complex levels.

• Turnover and retention if NPs were unable to transition to fast paced work environment.

• Quality studies verified NPs provide safe, effective and quality care for more than 40 years (Bush, 2014).

Method/Procedures

• Misener Nurse Practitioner Job Satisfaction Scale.

• The thought was transition can be facilitated by having NPs participate in an NP fellowship program which would instill knowledge, confidence, job satisfaction, and ultimately an expert clinician.

• If the NP did not rate a high job satisfaction scale, a successful transition likely did not occur (Bush, 2016).

• The tool incorporated a 3-page questionnaire and 6 subscales for satisfaction. (Ryan & Ebbert, 2013).

Background and Significance (Continued)

• New graduate NPs experience increased anxiety the first year of transitioning into practice if they were unable to identify a mentor, or additional support.

• Wallace noted expertise requires extensive practice to move from novice to expert, generally 10,000 hours or 5 years for new NPs (2014).
Major Outcomes

The results of the analyses found that individuals who had participated in an NP fellowship had significantly higher scores and obtained statistical significance on:

- Sense of value for "what you do."
- Monetary bonuses that are available in addition to salary.
- Compensation for services outside of normal duties.

Major Outcomes (Continued)

Demonstrated means to be slightly higher with regard to those who completed a program.

- Sense of accomplishment
- Opportunity to expand scope of practice
- Opportunity for change in the work setting

Conclusions and Implications

- Support of graduate fellowship programs provide a reduction in the stress and increased confidence experienced during NP role transition.
- Alleviation of job dissatisfaction from the NP and employer standpoint via graduate fellowship programs will lead to less turnover rates for new NPs as well as improve patient services.
- Reduce increased costs to the employer due to turnover.

Major Outcomes (Continued)

- Freedom to question decisions
- Ability to deliver quality care
- Respect for opinion
- Acceptance from physicians outside of your practice
Residency

- 12 months in length
- 2 newly graduated adult-geriatric acute care nurse practitioners (AG-ACNP) rotating through various shifts.
- 40-50 hours per week.
- Didactic component was mirrored from Emory’s Critical Care Center NP/PA post graduate residency program.

National Association of Community Health Centers (NACHC)

- Noted an annual turnover rate of 13% for NPs and nearly 4% for all other healthcare employees.
- Studies performed by the NACHC indicated more than 40% of employee turnover was preventable as it is derived from the employee’s perception of his or her work environment (2016).

Financial Impact

- The financial impact of NP turnover results in lost revenue of approximately $1,500/day or more equating to a minimum loss of $390,000 per year.
- Additional costs of recruiting, advertising, interviewing/HR cost, relocation, sign-on bonus, and decreased productivity during training can be astounding (Midlevel, 2016).
- Using the professional level job as a guide, NACHC predicted employers generally spend 25% of each position salary in turnover costs alone (2016).

Postgraduate training for NPs

- May be termed residency or fellowship and is not a requirement for entry into practice (Bush, 2014).
- Annual costs may reach $100,000 including the NP salary, benefits, lost clinical productivity revenue of the preceptor, administrative costs, and operating expenses.
- Some employers onboard NPs at a lower salary during this training period while others view it as service commitment to ensure retention, and full collaboration of practice (Bush, 2016).
Physician Shortage

- The Health Resources and Services Administration report an additional 17,722 primary care practitioners are needed to meet a target of one provider for every 2,000 patients, in shortage areas across the country (Boyar, 2013; Harrington, 2011).

Association of Academic Medical Colleges (AAMC)

- Estimated a shortage of 124,000 to 159,000 physicians by 2025. The AAMC predicted that even if the NP workforce supply were to double by 2025, the projected physician demand would be reduced by only 75,500 physicians.

Purpose of Nurse Practitioner Residency

- The purpose of this study was to identify greater nurse practitioner satisfaction, and retention by participating in a residency program.
- The residency was 12 months in duration with approximately 1-2 nurse practitioners rotating through various shifts.
- Spending 40-50 hours each week in the hospital setting.

Didactic Component

- Mirrored from Emory’s Critical Care Center NP/PA post graduate residency program.
- Utilized the Society of Critical Care Medicine adult ICU course, Patient Acute Care Training from the European Society of Intensive Care Medicine as well as (CoBatrice) Competency Based Training in Intensive Care Medicine of Europe.
After Completion of the Program

- NPs demonstrated greater confidence and job satisfaction resulting in increased job retention as NPs promptly transitioned from novice to expert clinician.

Theoretical Framework

- Meleis described transition as a “change in health status, in role relations, in expectations, or in abilities.”
- Transition required the person to incorporate new knowledge, to alter behavior, and therefore to change the definition of self in social context, of a healthy or ill self, or of internal and external needs, that affected the health status” (Meleis, 2010, p.42).

Theoretical Framework (Continued)

- Meleis and Trangenstein noted transition as a central concept of nursing and re-defined the goals of nursing to include “facilitating transitions to enhance a sense of well-being” (1994, p. 257).
- A successful transition ensued after attaining health, coherence in job roles, mastery of new roles, and wholesome relationships despite poor interactions (FitneInc, n.d.).

Theoretical Framework (Continued)

- Meleis Transition Theory focused on facilitating transitions as a new definition of nursing (Meleis, 2010).
- The concept of organizational and situational transition correlated with educational and professional role advancement along with NP role transition.
Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS)

- Utilized to measure AG-ACNP confidence and job satisfaction.
- The objective was to perform the MNPJSS scale with AG-ACNP’s living in Evansville who had not completed a residency vs. AG-ACNP’s living across the US who had completed a residency.

Setting

- Local hospital with over 508 beds in Southern Indiana. The hospital was in collaboration with a larger health care system allowing national collaboration to stay current on guidelines and medical care.
- The average daily occupancy was 48.73%, with 18,100 admissions per year and 767,602 outpatient visits per year.
- The personnel included one medical director, 5 hospitalists assisting with training, and 2 NPs enrolled in the residency program.

Limitations

- The number of NPs taking the survey who had not completed a residency and who knew the researcher was nearing 30%.
- The researcher was in a director role and in charge of the NP hiring and evaluation process. Even though the surveys were confidential with no identification of the participant, answers may have reflected socially desirable responses rather than the individuals’ actual feelings or opinions.

Limitations (Continued)

- Skewing may occur based on the fact that one personality type of NP may be more likely to complete and submit the survey than another.
- Statistical significance was not able to be found due to small sample size. This being a new program, no time was available to edit or modify areas for opportunity of improvement.
- Formation of the residency in this study will be internal medicine in a hospital setting, geared towards acute care, however online participants may have included family nurse practitioners, adult, geriatric, or pediatric.
Recommendations

- Statistical significance was not able to be found due to small sample size while the results of the post-hoc power analyses conducted indicated that low statistical power was associated with analyses which suggested future studies incorporating a larger sample size would likely find significant mean differences on the basis of having participated in an NP residency.

Recommendations (Continued)

- Continuation of the residency was recommended due to the positive trends from the surveys toward a successful NP role transition which developed clinical growth, retention, leadership skills, and expert clinician.

References


